

PRINTED: 07/11/2012  
FORM APPROVED

## Division of Health Care Facilities

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|--|--|--|--|--------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>TN1912 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____   |                    | (X3) DATE SURVEY COMPLETED<br><br>07/09/2012 |
| NAME OF PROVIDER OR SUPPLIER<br><br>IMPERIAL GARDENS HEALTH AND REHABILITATION |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>306 W DUE WEST AVE<br>MADISON, TN 37115   |                    |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |  |
| N 832  | <p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2006 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, it was determined the</p> | N 832  | <p>3. All staff (nursing, dietary, maintenance, Housekeeping, therapy, social services, Activities, and administration) were inserviced by the Nurse Educator 7/10/12 - 8/3/12 on the use of power strips.</p> <p>4. The maintenance employees will do an audit of 25 rooms and 5 office/common areas for proper use of power strips weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The results will be reported by the Maintenance supervisor to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director.</p> <p>N832</p> <p>1. The trash (old mattresses, pallets, various wood, etc) piled next to dumpster was removed by maintenance staff on 7/9/12.</p> <p>The damage ceiling tile in corridor by 200 hall nurses station was replaced by maintenance staff on 7/10/12.</p> <p>The damage ceiling tile in corridor next to stairway door on first floor was replaced by maintenance staff on 7/10/12.</p> <p>The damaged ceiling tile in the dining room next to the sink was replaced by maintenance staff on 7/10/12.</p> |                    |  |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

TITLE

(X5) DATE

WJHC21

If continuation sheet 1 of 2

## Division of Health Care Facilities

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|--|---|--|--|--------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>TN1912 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____   |                    | (X3) DATE SURVEY COMPLETED<br><br>07/09/2012 |
| NAME OF PROVIDER OR SUPPLIER<br><br>IMPERIAL GARDENS HEALTH AND REHABILITATION |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>306 W DUE WEST AVE<br>MADISON, TN 37115   |                    |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |  |
| N 832  | <p>Continued From page 1</p> <p>facility failed to maintain the overall nursing home environment to ensure the safety and well-being of the residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation on 7/9/12 at 12:06 PM revealed trash (old mattresses, pallets, various wood, etc.) piled next to dumpster.</li> <li>2. Observation on 7/9/12 at 12:07 PM revealed damaged ceiling tiles in the following locations:               <ol style="list-style-type: none"> <li>a. Adjacent to fire door in corridor by 200 hall nurses' station</li> <li>b. In corridor next to stairway door on first floor</li> <li>c. In dining room next to sink</li> <li>d. In corridor at entrance to outpatient rehab room</li> </ol> </li> <li>3. Observation on 7/9/12 at 12:25 PM revealed a hole in the wall in room 131 where the door knob hits the wall.</li> </ol> <p>These findings were acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12.</p> | N 832  | <p>The damaged ceiling tile in corridor at the entrance to outpatient rehab room was replaced by maintenance staff on 7/10/12.</p> <p>The hole in the wall in room 131 where the door knob hit the wall was repaired by maintenance staff on 7/10/12.</p> <p>2. 100% audit of ceiling tiles and walls behind doors was done by maintenance staff 7/11/12 - 8/3/12.</p> <p>3. The maintenance staff were interviewed by the Administrator on replacement of damaged ceiling tiles, repair of holes in the walls, and keeping trash picked up from around the dumpsters on 7/12/12.</p> <p>4. The maintenance staff will audit the ceiling tiles and walls of 25 rooms and 5 offices/common areas weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The maintenance staff will audit the dumpster area for trash bi-weekly for 4 weeks, then weekly for 2 months And/or 100% compliance. The results will be reported by the Maintenance Supervisor to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director.</p> |                    |  |

Division of Health Care Facilities  
STATE FORM

8300

WUHC21

If continuation sheet 2 of 2